PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correcte maintenance fee notifica	ed below or directed oth	nerwise in Block 1, by	(a) specifying a new corres	pondence address; and	or (b) indicating a sepa	rate "FEE ADDRESS" for	
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use BI	ock 1 for any change of address	Fee(Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
25227	7590 01/28	/2009			ate of Mailing or Transi	nission	
1650 TYSONS I SUITE 400		P	I her State addr trans	reby certify that this Fees Postal Service with essed to the Mail Stommitted to the USPTO (be(s) Transmittal is being sufficient postage for firs op ISSUE FEE address 571) 273-2885, on the day	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.	
MCLEAN, VA	22102					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	FORNEY DOCKET NO.	CONFIRMATION NO.	
10/565,967	10/565,967 01/26/2006		Timothy Alexander French		424662012800	8447	
TITLE OF INVENTION	i: CYCLONIC SEPARA	TING APPARATUS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/28/2009	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
BUI, DUNG H		1797	055-459100				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			or agents OR, alternativ (2) the name of a single registered attorney or a	to 3 registered patent attorneys tively, gle firm (having as a member a r agent) and the names of up to torneys or agents. If no name is			
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIGN	less an assignee is ident h in 37 CFR 3.11. Comp GNEE	ified below, no assigned pletion of this form is NO	THE PATENT (print or type data will appear on the pa of a substitute for filing an a (B) RESIDENCE: (CITY	ntent. If an assignee is assignment. and STATE OR COU	NTRY)	ocument has been filed for	
Dyson Tech	hnology Limite	ea	Wiltshire, (Inited Kingdo	om .		
Please check the appropr	iate assignee category or	categories (will not be p	orinted on the patent):	Individual X Corpo	ration or other private gro	oup entity Government	
	are submitted: To small entity discount p # of Copies6	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).				
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	is. See 37 GFR 1.27.	b. Applicant is no long				
NOTE: The Issue Fee an interest as shown by the				и аррисані, а registere	auorney of agent; of th	e assignee of onici party iii	
Authorized Signature		爱女的	,640	DateFel	oruary 20, 200	9	
Typed or printed name	Barry E.	. Bretschneid	er	Registration No	28,055		
This collection of inform an application. Confiden submitting the completed this form and/or suggesti	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but firging 22313-1450. De-	CFR 1.311. The informat U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to to NOT SEND FEES OR	ion is required to obtain or re 1.14. This collection is estive depending upon the indivention office COMPLETED FORMS TO	etain a benefit by the p imated to take 12 minu idual case. Any comm r, U.S. Patent and Trac D. THIS ADDRESS SE	ublic which is to file (and tes to complete, includin ents on the amount of tir demark Office, U.S. Depa	by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents. P.O. Box 1450	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.